Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09899846

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
|---|--|---|--------------|-------------------------------|------------------------------|------------------|----------|---------------------|------------------------|-------------------------------|---|------------------------|
| TOTAL CLAIMS | | | 141 | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | リ | | . 121 | | | X\$ 9= | | OR | X\$18= | 7178 |
| INDEPENDENT CLAIMS | | | 9 mir | us 3 = | · 6 | | | X40= | | OR | X80= | 480 |
| MULTIPLE DEPENDENT CLAIM P | | | RESENT | | | | +135= | | OR | +270= | 10 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | Į | TOTAL | | or | TOTAL | 3368 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2) | | | | | | (Column 3) | <u> </u> | SMALL | NTITY | OR | OTHER SMALL I | THAN |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | IBER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 141 | Minus | 1 | [] | = — | | X\$ 9= | | OR | X\$18= | |
| | Independent | · 9 | Minus | 6 | 7 | = - | | X40= | | OR | X80= | |
| <u> </u> | THIST PRESE | NTATION OF MI | JULIPLE DEP | ENDEN | CLAIM | | | +135= | | OR | +270= | |
| | n | | | | | | L | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| _ | (Column 1) (Column 2) (Column 3) | | | | | | | 400m. 7 EE g | | <u>.</u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUN PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | - 118 | Minus | | 41 | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | NTATION OF M | Minus | *** | 9 TCLAIM | = - | ┦╏ | X40= | | OR | X80= | |
| <u> </u> | THOTTHESE | INTAHON OF WI | JETH LE DEI | LNDLN | CLAIM | | | +135= | | OR | +270= | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | | mn 2) | (Column 3) | <u>)</u> | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X40= | · | OR | X80= | |
| Ĺ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ل | .105 | | ĺ | .070 | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | +135= | | OR | +270= TOTAL | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |